

<b>DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION</b> <b>(37 CFR 1.63)</b>		Attorney Docket Number	15675.
		First Named Inventor	
<input type="checkbox"/> Declaration Submitted with Initial Filing <b>OR</b> <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)		<b>COMPLETE IF KNOWN</b>	
		Application Number	
		Filing Date	
		Art Unit	
		Examiner Name	

**As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below, next to my name.

I believe I am the original and first inventor (if only one name listed below) or an original and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

OLIGONUCLEOTIDE AND THE USE THEREOF FOR MODULATING AN ISOFORM C BETA-1  
PROTEIN-KINASE IN THE FORM OF A SKIN DEPIGMENTATION AGENT

*(Title of the Invention)*

the specification of which

☐ is attached hereto.

OR

☐ was filed on (if applicable):

or 12/28/2004

as United States Application Number

PCT International Application Number PCT/FR2004/003397

and was amended on

(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claim(s), as amended by any amendment specifically referred to above.

I do not know and do not believe that the claimed invention was ever known or used in the United States of America before my invention thereof, or patented or described in any printed publication in any country before my invention thereof or more than one year prior to this application. I do not know and do not believe that the claimed invention was in public use or on sale in the United States of America more than one year prior to this application, nor do I know or believe that the invention has been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representatives or assigns more than twelve months (for a utility patent application) or six months (for a design patent application) prior to this application.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, or inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

**Prior Foreign Application(s):**

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
0315560	FRANCE	12/30/2003	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

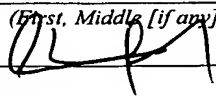
I hereby appoint the persons listed on Appendix A hereto (which is incorporated by reference and a part of this document) as my respective patent attorneys and patent agents, with full power of substitution and revocation, to prosecute this application and to transact all business in the U.S. Patent and Trademark Office connected herewith.


Direct all correspondence to: ☒ Customer Number **08791** or ☐ Correspondence address below

Name		
Address		
City	State	Zip Code
Country	Telephone	Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR:** ☐ A petition has been filed for this undersigned inventor

Full Name: Robin KURFURST  
*(First, Middle [if any], Family Name (or Surname), and Suffix [if any])*  
 Inventor's Signature  Date July 3<sup>rd</sup>, 2006  
 Residence OLIVET - FRANCE Citizenship French  
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 Mailing Address 553, rue de Couasnon  
45160 OLIVET - FRANCE

July 3<sup>rd</sup>, 2006 

**NAME OF SECOND INVENTOR:** ☐ A petition has been filed for this undersigned inventor

Full Name: Carine NIZARD  
*(First, Middle [if any], Family Name (or Surname), and Suffix [if any])*  
Inventor's Signature *Carine* Date July 3<sup>rd</sup>, 2006  
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**NAME OF THIRD INVENTOR:** ☐ A petition has been filed for this undersigned inventor

Full Name: \_\_\_\_\_  
*(First, Middle [if any], Family Name (or Surname), and Suffix [if any])*  
Inventor's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Residence \_\_\_\_\_ Citizenship \_\_\_\_\_  
*(City, State, Country)* *(Country)*  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_

**NAME OF FOURTH INVENTOR:** ☐ A petition has been filed for this undersigned inventor

Full Name: \_\_\_\_\_  
*(First, Middle [if any], Family Name (or Surname), and Suffix [if any])*  
Inventor's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Residence \_\_\_\_\_ Citizenship \_\_\_\_\_  
*(City, State, Country)* *(Country)*  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_

**NAME OF FIFTH INVENTOR:** ☐ A petition has been filed for this undersigned inventor

Full Name: \_\_\_\_\_  
*(First, Middle [if any], Family Name (or Surname), and Suffix [if any])*  
Inventor's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Residence \_\_\_\_\_ Citizenship \_\_\_\_\_  
*(City, State, Country)* *(Country)*  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_